

Subject: Dr. William Talbot Carleton (formerly Commander, Medical Corps, U.S. Navy Reserve)
Interviewer: André Baden Sobocinski
Date of interview: 3 November 2012
Location: New Bern, NC (@ Dr. Carleton's Apartment)
(1912-2015)

Biographical Note:

At the time of the interview, Dr. William Carleton was on the cusp of turning 100 years old and (as far as we can determine) the last surviving Navy physician to witness to the attack on Pearl Harbor. A native of Newton, MA (born: 3 December 1912) Carleton graduated Harvard Medical School in 1939 and interned at Worcester City Hospital (1939-1941); he entered the Navy as a Lieutenant (Junior Grade) in August 1941 and soon after received orders to the Naval Dispensary at the Charlestown Navy Yard, MA. In September 1941, Dr. Carleton received orders to join the crew of the newly commissioned hospital ship USS *Solace* (AH-5). The *Solace* was bound for the Pacific where she would join the fleet at Pearl Harbor in what was then the "Territory of Hawaii." On the morning of 7 December 1941, *Solace* lay anchor just off "Battleship Row" at Ford Island during the surprise attack. While the *Solace* did not come under direct fire, several errant missiles did strike the ship causing minor damage. Dr. Carleton was among those who performed heroically trying to save lives after the first Japanese bombs fell. Most of his patients suffered from burns and shell shock. Early in 1942, Carleton sailed aboard *Solace* to Tongatapu where the ship received the next batch of casualties from the South Pacific. In May 1942, Carleton detached from *Solace*. He later served at the West Loch Ammunition Station, Pearl Harbor, TH (May –August 1942), National Naval Medical Center, Bethesda, MD (1942); Naval Hospital St. Albans, NY (1942-43); Naval Dispensary Bayonne, NJ (1943-44); Navy base at Galveston, TX (1944-45); Advance Base Team, San Bruno, CA (1945); Fleet Hospital 103 in Guam (1945). While at the Fleet Hospital, Dr. Carleton worked at the Sick Officer's Quarters and treated many former Prisoners of War that had been recently repatriated. Carleton left the Navy in November 1945. After the war, he ran a family medicine practice until retiring in 1989 at the age of 77. From 1989 to 1992, Dr. Carleton did utilization review for hospitals in Massachusetts before finally retiring.

Dr. Carleton is a man of many interests and hobbies. A partial list of these includes cooking, dog training, gardening, golf, railroading, reading, and travelling.

Background:

Born: 3 December 1912 in Newton, MA
Parents: William Salter Carleton (father) and Josephine Talbot (mother)
Siblings: Marjorie Sawyer (sister)

Spouse: Isabel Baker Carleton (married 1941-2006)

Children: John Carleton, Bill Carleton, Randy, and Ted

Education: Williams College (AB, 1935); Harvard Medical School (MD, 1939); Worcester City Hospital (Internship, 1939-41); Six-week course in psychiatry at National Naval Medical Center Bethesda, MD (1942). After the war, Dr. Carleton took a six-month medical school refresher course at Harvard Medical School (1946).

Key Topics:

Achievements in medicine

Charlestown Navy Yard

Harvard Medical School

Naval Dispensary Bayonne, NJ

Naval Hospital St. Albans, NY

Navy Supply Depot, Bayonne, NJ

Pearl Harbor (Attack on...)

Sulfa Drugs

Tongatapu

USS Solace (AH-5)

Today I have the great privilege of talking with Dr. William Carleton, a retired Navy Medical Corps Officer whose career includes service aboard the hospital ship USS *Solace* during the attack on Pearl Harbor. Dr. Carleton, I thank you for your time today. Before I delve into your career in the Navy I would like to capture a bit of your background. Where were you born?

I grew up in Newton, Massachusetts. We stayed there until I was 15 years old at which time I went to boarding school. This was followed by four years at Williams College, followed by four years at Harvard Medical School. Growing up in that period was quite different than today when you consider that fire engines were just getting rid of the horses and some stores still used

horse drawn wagons. In the winter time, they would use sleighs; we called them “pungs.” In medical school in the 1930s there was very little treatment specific to diseases. People died of sore throats; they would have a tough time with any kind of streptococcus infection. Calvin Coolidge’s son died of an infected blister.

I finished my medical training in 1941. My mother supported me on 25 dollars a month so I couldn’t afford to do much in the way of courting, but I found a wonderful girl by the name of Isabel. She was absolutely wonderful. I met her at a picnic. I was out on a raft with a friend and I saw this girl walk down the path to the beach wearing a white dress with a pink trim and I said “Who is that?” He said, “That’s Isabel Baker.” I swam ashore and met her and it was love at first sight. I dated her as much as I could; I couldn’t afford to take her any place at 25 dollars a month. About six weeks later I had a hemorrhoid operation at the hospital. She came in, leaned over and kissed me. I had never kissed her. I said, jeez, this must what it’s like to be married. From then on she was the one. After two years of interning we decided to get married. But I had no money so I decided to join the Navy, rather being drafted by the Army during the war that had been going on at that time. We were married in 1941 and I was told that I would be called to duty in about six months. While I was on my honeymoon, which lasted 11 days, I got orders to report to the Charlestown Navy Yard for active duty. I went down, checked in with the doctor named “[Harry] Jenkins” and I was told right away that no one was allowed to use morphine in this place. That was sort of hard to believe. About a week later I had the duty one night and I received a patient who had a compound fracture of the femur. I told the corpsman to give him a grain of morphine. The corpsman said that they weren’t allowed to use it, but I insisted. The next morning at 0800 I was called into the captain’s office. He said, “Didn’t you know I had an order not to use morphine?” I responded that I had a man who was bordering on shock with a compound fracture to the femur and at Harvard Medical School I was taught that the first thing to relieve pain was to use morphine, which I did. He said that he hoped it didn’t happen again. Well, one day a lieutenant Navy doctor asked if I wanted to examine the “heads” with them. I didn’t know what he was talking about. When he led me to the toilets I couldn’t believe it. That’s when I started learning about Navy parlance such as floors were “decks,” ceilings were “overheads,” stairs were “ladders,” and that lead to a lot of amusing things when I got aboard ship.

While at the dispensary I got orders to report aboard to USS *Solace* in whatever port she may be. I went over to the captain and asked him “Where do I find her?” He told me to ask the captain at the Navy Yard. I went over there and the captain said that he didn’t have any record of it. “Go to ‘Comm 1’ in Boston.” I went there and they said “We don’t have any record of it.” They said come back on Monday and we’ll see what we can do. I went to Worcester for the weekend and on Sunday, *The New York Times* front page had a picture of the USS *Solace* being commissioned in the Brooklyn Navy Yard on September 24th, 1941. I reported aboard the ship at the Brooklyn Navy Yard. To make a long story short, we had a “shake-down” cruise off Staten Island then we moved to Norfolk for more fussing around and then we sailed down to Guantanamo

Bay. For what reason I never could find out, we were there for two or three hours. The most beautiful sight in the harbor was to see the battleship [USS] *Massachusetts* and *North Carolina* on their “shake-down” cruises. We went around through the canal to San Diego where I was amazed to see an airdrome there with a three-foot thick roof. At any rate, we ended up at Pearl Harbor and I asked the captain, “How long we were going to be there?” and “Can we bring our wives?” He said, “No.” But then I found out he had his wife and the other officers had their wives. I sent out for my newly married wife.

What was a typical day like aboard the *Solace*?

Before the war, I’d see patients at sick call with complaints like “Athlete’s Foot.” A lot of the sailors believed if they put bread with gauze on their feet it would cure the Athlete’s Foot. This would only cause a skin rash. The rest of the day with nothing to do we would read, bullshit, [and listen to] music.

I had a lot of fun on the *Solace* because the regular Navy people. One day the executive officer said, “Carleton, don’t ever talk to me again ‘uncovered.’” I didn’t know what that meant at the time and told him I would go upstairs and he said, “That’s a ladder!” Another time I told someone I was doing something on the “roof” and he said, “It’s not a ‘roof,’ it’s a ‘top-side.’”

Before the attack, did you see or hear any evidence that the United States was going to be involved in the war?

We had a feeling sooner or later but didn’t expect it so soon.

Where were you living at the time of the attack?

We had a room over a woodshed as part of the hotel Pleasanton in Honolulu. I would go on duty aboard the *Solace* until four ‘o clock every day, eight to four. And then I would go ashore and join my wife.

The morning of December 7th we turned on the radio and heard this voice that said “the island of Oahu is under enemy air attack.” The enemy is presumed to be Japanese. Officers and construction workers report to their stations immediately. I had a quick breakfast. There was a woman there whose husband was on the battleship *Pennsylvania* which was in dry dock. She said they do this every Sunday as practice, but then when we heard the planes she said, “I guess this is for real” so she drove me out to Pearl which was an incredible ride because there was so much black smoke in the distance and planes flying overhead with the red star underneath. We got out there and I got on a launch which took me to the *Solace*, which was near the *Arizona*. I got out there around 815. They had barges going around picking guys out of the water and they would bring them over to the hospital ship. And then for a few days one of us would be on the barge

picking up bodies and body parts. We were not hit, but during that terrible morning, seeing all of those battleships sinking. I saw the *Oklahoma* upside down. We started with a busy day taking care of the injured. Most of what I had to deal with were burns, and shell shock. We treated the burns through the old fashioned method of Tannic Acid. This formed a huge “S-scar” over the burns which allowed infection to grow. It was terrible. It was the only thing they knew what to do with burns at that point. I had a man, never will I forget his name, “John Lackey,” who had about a third of his body burned. I spent the next three weeks taking care of him. Shell shock was something I had never seen before. But when you see a man that you could stick pins in all over and he doesn’t feel it you realize there is something screwy going on with him.

Did you ever use sulfa drugs to treat the burns?

We sure did. That’s an interesting story about sulfa. [At the time] Lobar pneumonia caused a death rate of 25 percent. And when I started interning there was a rabbit serum available. Pneumonia had type 1, 2, & 3. I would have to type the sputum and get the proper rabbit serum. That worked, but I forgot why it didn’t last because they brought in the sulfa drugs. Methyl sulfide was first available and that was very successful in bringing recovery until they found out it was neurotoxic. So they took the methyl group out and the next thing they brought out was sulfapyridine and that was interesting because a guy would come in at night with a temperature of 104/105. You would give him the sulfapyridine and 15 minutes later he would puke it up. By morning, his temperature would be entirely normal. But the vomiting wasn’t acceptable, so the next thing was sulfadiazodine and that was beautiful because it had no side effects and didn’t do what others had done. It’s been pretty exciting to see the developments over my practice years.

Are there any other things that stand out in your mind about the attack?

Two days later after the attack, on Tuesday night I had the duty. I was down on the quarterdeck and they brought in with a man covered in oil. This man had been rescued through a hole at the bottom of the *Oklahoma*. He had been treading water and oil for two days. And they heard him banging on the hull and they pulled him out. If there was ever a man who represented resurrection from the dead it was that guy. Another interesting thing, several days later, my roommate who was a surgeon had done an appendectomy on a man who said he had dizzy spells now and then. I asked him, “Did he know anything that happened?” He said, “No. I took a cardiogram on him and it was normal. I took a chest x-ray, AP and lateral view and the lateral view showed a bullet in his heart. The AP view didn’t show anything. And then it turned out that when he was rescued from his ship he vaguely remembers a sting in his back. They took him to the naval hospital [Pearl Harbor] kept him for a few days and did an AP and then discharged him. So we had him several weeks later and sent him back to the States.

What happened to him?

In those days I imagined they left it there. It wasn't doing him any harm. I remember doing an autopsy on a man once who was sixty five years old and had a bullet in his heart the same way.

Well the *Solace* got orders to move to Tongatapu in March [1942]. Apparently, some of the intercepts from the Japanese alerted them to the fact that they were going to try to capture Port Moresby and Adelaide, Australia. So we went there along with a repair ship a few weeks waiting for the action. We played tennis at the consul's grass court. He served us lemonade and he had a lot of Scotch which we drank up. I did a lot of swimming in this gorgeous lagoon. But then came the [Battle of the] Coral Sea. The *Lexington* was sunk. The *Hammond* was sunk. The *Yorktown* was badly damaged and we had burns at that point. At this stage we had acquired a surgeon from the University of Pennsylvania who was familiar with the new work in treating burns after the Cocoanut Grove Fire in Boston. This was much more humane and nowhere near as difficult for the patient. The other interesting thing we saw for the first time was underwater concussions from men who had been in the water when depth charges went off. When we left Pearl Harbor for Tongatapu the second night general quarters was called two o'clock in the morning on account of a submarine sighting. Jesus, was I scared. It turns out that that a [Japanese] submarine was monitoring traffic that was going south, which I found out through CAPT Perlman. When I asked him what happened that night he said that submarine was tracking ships going to Australia.

Well, sometime after that I was ordered back to Pearl for assignment. And during the trip back the Battle of Midway was going on and this was pretty exciting to get the daily reports of what was going on. When I got to Pearl I was assigned to West Loch Ammunition Station. I guess I was there in case the place blew up. I guess they could say they had a doctor there even though he was blown up, it wouldn't make any difference. I had a very easy time there. I had virtually no duty there except examine the food handlers once a week. And while I was there my wife went home in late March. She was pregnant at the time and in August I got a telegram that I had a son born. CAPT [Erik] Hakansson, who was the Chief of Medicine aboard the *Solace*, was a wonderful man. He took a liking to me and my wife and he couldn't get over that I would argue with him over a case. He said, "I've never heard discussions from young doctors. This is an 'eye-opener' for me." When he got orders to the States he said when Isabelle has her baby let me know and I will get you back. So, later on in August when I got word she had the baby, I sent him a letter and a few days later I got fast orders to Bethesda, MD, to take a training course in psychiatry, that I had told him I would like. I was going to be in medicine and I thought a little psychiatry would be helpful and understanding.

I came back to the States and checked in at Bethesda Naval Hospital to the Psychiatry Department. The Chief of Psychiatry showed me around and for six weeks I had a very interested time understanding why sailors go AWOL. We would have to check them and it turns out that most of those guys had what the psychiatric diagnosis had "psychopathic personality, inadequate [type]." They had a history of not staying with anything for any length of time and could not get along with anyone. So when the Navy clamped down on them the only thing to do was to leave.

I was there for six weeks and the Chief of Psychiatry called me in and said "Carleton, I want you to understand that you will be here for six months. I know you are going to make Navy psychiatry your career." I said, "No, I'm going to return to private life." He said, "In that case we can't waste any time training you." I was discharged and sent to the new naval hospital in St. Albans, NY, which turned out to be wonderful duty. I was on the infectious disease ward. I saw more mumps, measles, chicken-pox, mumps encephalitis, of which I wrote a paper. I saw measles patients with temperature of 106 and I had heard that convalescent serum would help them. I found that Bellevue Hospital had some convalescent serum which I went to get and gave to this guy. His temperature came down to normal and he made an uneventful recovery. I never heard of it since. At any rate, from St. Albans I went to a dispensary in Bayonne, NJ, which was interesting. It was just like having a big outpatient clinic. A lot of people in the Supply Corps had quarters, and a company of Marines. And then came orders down to Virginia. I took the train down checked in on Monday Morning. The captain looked at me and said, "You have too much rank for this stuff." I was then a [Lieutenant] Commander. I said, "What do I do?" He said, "You go home and report to me next Monday." I did this for the next three months. And finally he said, "I have a job for you. You are going to be on the inspection board in [Galveston] Texas. I took my wife down there. And all I had to do was check in every morning at 0800 and there was virtually nothing to do so I spent most of my time at the medical school there which was very good.

That year in Galveston, talk about being wasted. From Galveston, Houston to Pensacola once a month I would have to examine all of the LST and LCIs that came down the Mississippi where they were being built. My duty was to talk with a pharmacist's mate aboard the ship and make sure they had all of the stuff they needed. The damndest thing, when some of these guys came back who had already been out in the Philippines or to Guadalcanal, I would ask them how they made out and they would tell me things they had to do. They couldn't get a stretcher to the area where the first aid was so they cut holes in the bulkhead to slide the stretchers through. I pointed this out in a report along with some other things they found difficult. Not a single one of those things was ever put into effect. When the captain came down from Norfolk to inspect us one day I said, "Captain, I don't think we do any good. I've given all of these suggestions and no one pays any attention to them." He said, "Doctor, don't worry about it. We have to have the inspection board because if a ship went out and something happened to it and somebody says 'Was this inspected before you left?' and the answer was 'No.' The admiral would be cashed. We have to do this to protect the admiral."

And then after a year in Galveston, I was ordered to the Advance Base in California, just south of San Bruno, to wait transfer to the fleet hospital on the Samar. For six weeks, I vegetated with nothing to do except setting up exercise every morning and watching a lot of the doctors there. There must have been thirty or forty who drank themselves crazy and one of them died as a result. But it turned out we were not going to Samar, we were going to Guam. I was assigned to Fleet Hospital 103. When I got there I was in charge of the sick officer's ward which I found very

interesting. But the war was over and our hospital was emptied to other hospital to make room for POWs released from the Japanese. When the prisoners arrived I had to examine them. Those men had lost anywhere from twenty to sixty pounds depending on what they started with. I had long talks with them as to why some of them died. The big answer was “They couldn’t take it.” I said, “What do you mean by that?” He said, “We figured we were getting at 500 calories at most in a sloppy dish that was absolutely disgusting to look at. A lot of guys would say, ‘I’m not going to eat that stuff. You can have mine if you give me a cigarette.’” Those guys died of malnutrition, tuberculosis, weight loss, and multiple worm infestations. The guys that survived represented, in my mind, the laws of the “survival of the fittest.” I never saw so many interesting guys. They were determined to live. They had all sorts of gimmicks and things to do to keep interested while a lot of terrible and crazy things were happening.

When the war was over B-29s flew big bags of powdered milk, powdered eggs and other things down in the camp. The doctors said a lot of times when a man is new in the camp after a few weeks would complain he couldn’t get an erection. The doctor said, “You wait.” Now that there were eggs and milk available a few weeks later they came in all happy. So, every one of those officers had intestinal worms.

But then the war was over. I checked out in November 1945 and came back to the States where I resumed my natural life starting with a six month review course of four years of medicine given at Harvard Medical School, courtesy of the G.I. Bill of Rights. They brought everything up to date that had happened in the four years of war.

What were some of your most rewarding experiences as a Navy physician?

Most of things I had to treat were the problems of young people. Athlete’s Foot was common. Every now and then I would pick up something more complicated which was always more interesting. But, by and large, there weren’t too many things that were exciting. The one thing that I meant to tell you is my experience with Navy doctors was not very good. The first one was the one who wouldn’t let you use morphine. The one on the *Solace*, CAPT [Melville J.] Ashton, who made admiral, was a real jerk. I showed up one day with an early growth of a mustache and he called me into his office and said, “Carleton, who said you can grow a mustache?” I said, “I didn’t know we needed permission.” He said, “You get permission through your duty officer referred to me,” which I did. And then he called me in and said “Permission denied.” He was something, but was all “regular Navy” and I suppose this is why he got to be an admiral.

Were there any other colleagues that stand out in your mind?

I was very fond of [Dr.] Hakansson who was Chief of Medicine aboard *Solace*. He taught me a great deal about tropical medicine and reading stool exams for hookworm, and amoeba. The only time I had ever been exposed to that stuff. When I was at the hospital in St. Albans, I saw

quite a few Marines with relapsing Malaria who had been to Guadalcanal and I had never felt so many big spleens in all of my life.

How did you treat the relapsing malaria?

We used the standard treatment at that time. These patients apparently were never followed-up, or they hadn't followed direction. They relapsed. It was unusual.

What do you consider the biggest achievements in medicine during your years as a physician?

There were so many of them. Of course, the antibiotic has, overall, done more good than any other. Then comes open heart surgery. What's been accomplished there is amazing. And then you have the steroids and cortisone. Some of the diagnostic techniques like MRI and ultrasound. There doing a lot of evasive radiography now. The X-ray people inject stuff and go right after that area. Gosh, there is so many.

You have seen a lot of remarkable things over the course of your lifetime. As you approach your 100th birthday what goes through your mind?

Sometimes I will be sitting with a group of old people and say to myself, "What the hell am I doing with all of these old people?" I never really felt the age up here [*points to his head*]. My body feels it. My legs are weak, but I think younger.

What lessons would you impart today to those thinking about a career in medicine?

You have to really like medicine. There are so many constraints now with the government. You are going to have rationing one of these days. I quit before we were being told by the government what to do. For a young doctor he is going to grow up in it so it will be easier for him than to have to change.

If you had to do it all over again would you?

As of today, if I was young I wouldn't pick it. My grandfather was a doctor and I used to go around carrying his bag while making house calls and I was very devoted to him and I knew I wanted to be a doctor. I wanted to be like grandpa. I was good at science so it was natural to take courses in chemistry, biology, and physics which I did well in and got me into Harvard. I could never get into Harvard today. They have such high standards it's unbelievable. You got to be an "A plus plus." It's a different ballgame.

Do you think about the past much nowadays?

I think a lot about things. I was a Boy Scout and I got to be an Eagle Scout before I twelve years old. I had to wait to get the governor to give me the eagle badge until when I was twelve. Most of my interesting thoughts come with the developments of eradicating diseases like Polio and rheumatic fever. I used to have two or three cases of rheumatic heart disease or rheumatic fever on the wards. When penicillin came in rheumatic fever was no more. Even Bright's disease. My father's mother and [father's] father died of Bright's disease in their fifties. People died much more frequently of coronaries than they do now. High blood pressure is one of the big things. I learned I had high blood pressure at the age of forty when I took an insurance exam. And over the course of the years it got bad. And when it got to be 200 over 1000 I started taking more medicine. Early on anybody with high blood pressure would die during the year. Fortunately by the time my blood pressure went up there were medicine to take. Since the age of forty I've taken different medicine for my blood pressure. It has been a pretty amazing thing.

You ever think about your time in the Navy?

Sometimes. Some of the Reserve officers aboard the *Solace* were really good friends. I kept in touch with the captain of the ship, Captain [Benjamin] Perlman. He was a very nice guy and his wife took a liking to Isabel and protected her from the Navy wives who tried to get her to do all sorts of things for them. Mrs. Perlman said "Don't you do that, Isabel." She took care of Isabel. When we went to the Coral Sea area the captain arranged for Isabel to go to the States with Mrs. Perlman. That was very, very nice. And after the war we saw the Perlmans two or three times around Washington. And then one day we received a telephone call and this woman's voice said I will be there in 45 minutes. This was Mrs. Perlman. Sure enough I hope we can spend the night with you. What can you say? She had oxygen equipment and she said "Bill, show me your room in case I need you in the middle of the night." Before she died, about a year later, she sent Isabel some very nice things including a beautiful hi-boy inlaid and a few other things. Then she died and then the captain remarried. We visited him in Clearwater, FL, a few years later. Wonderful guy.

If you could ever go back in time and alter the past is there anything you would change?

I don't think so. I had a very, very happy life. Full of love, wonderful kids. My wife and I had some wonderful trips. I can't think of anything I would ever change.

Dr. Carleton, that was wonderful. I appreciate you sharing some of your time and stories with us today.

Oh gosh, it's been very pleasant. Thank you.

